

Name
in
Full

Isaac Adams

CERTIFICATE OF DEATH

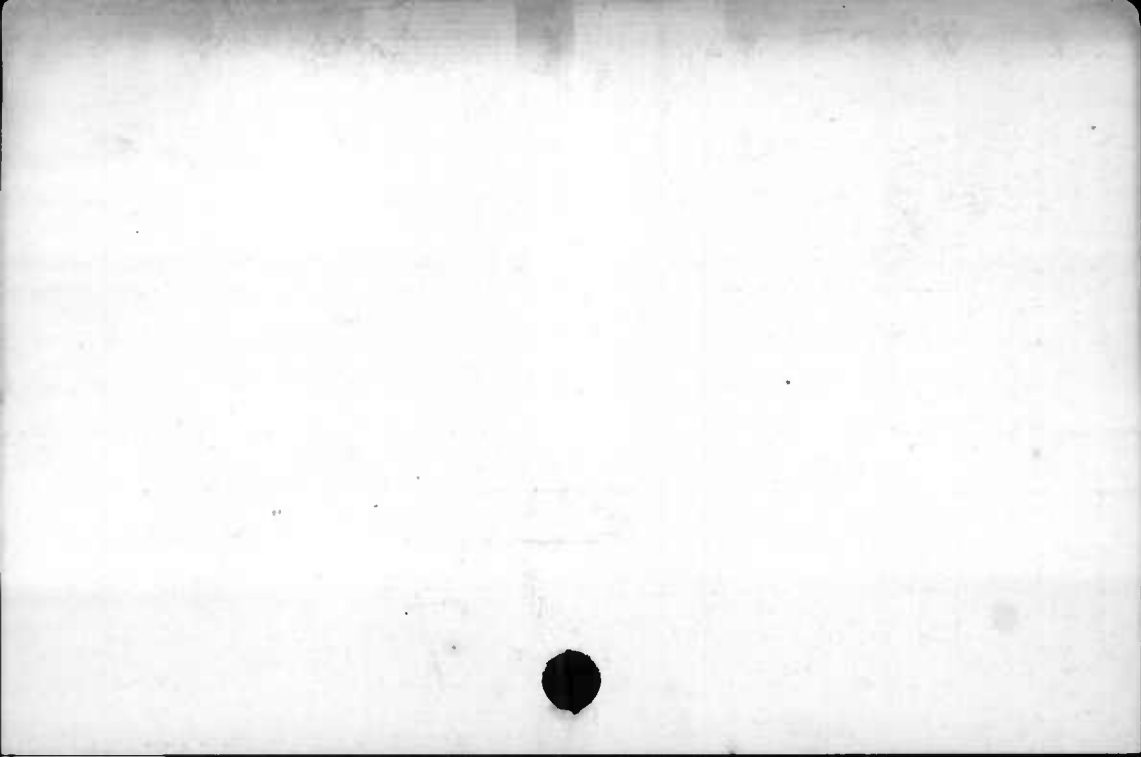
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Acenel</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1906	Month <i>June</i>	Day <i>21</i>	Age <i>60</i>	Years	Months <i>2</i>	Days <i>22</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>MD</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband						
Father's Name <i>John Adams</i>	Father's Birthplace <i>MD</i>						
Mother's Maiden Name <i>Fannie Shelkins</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Isaac Adams Jr.</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

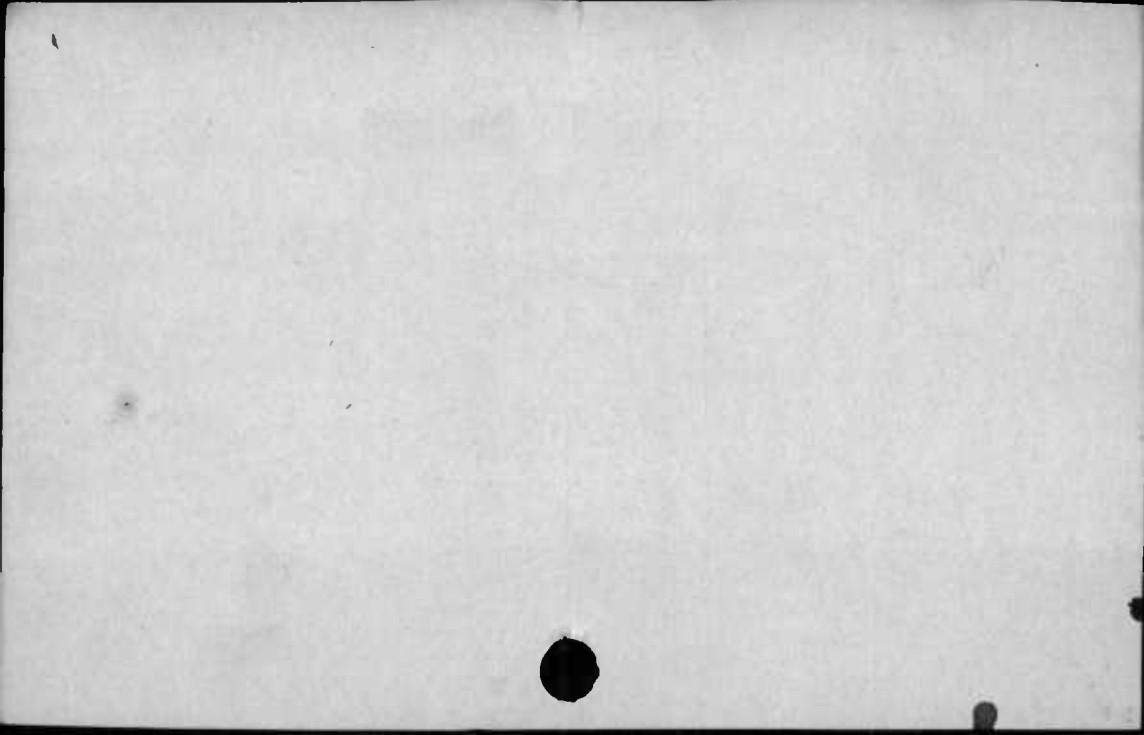
Primary <i>Acute Nephritis</i>	(119)	How long <i>3 weeks</i>
Immediate <i>leoma</i>		How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. T. Brown</i>	
<i>Yes.</i>	Address <i>Silver Spring</i>	
Accident or Suicide?	<i>MD</i>	



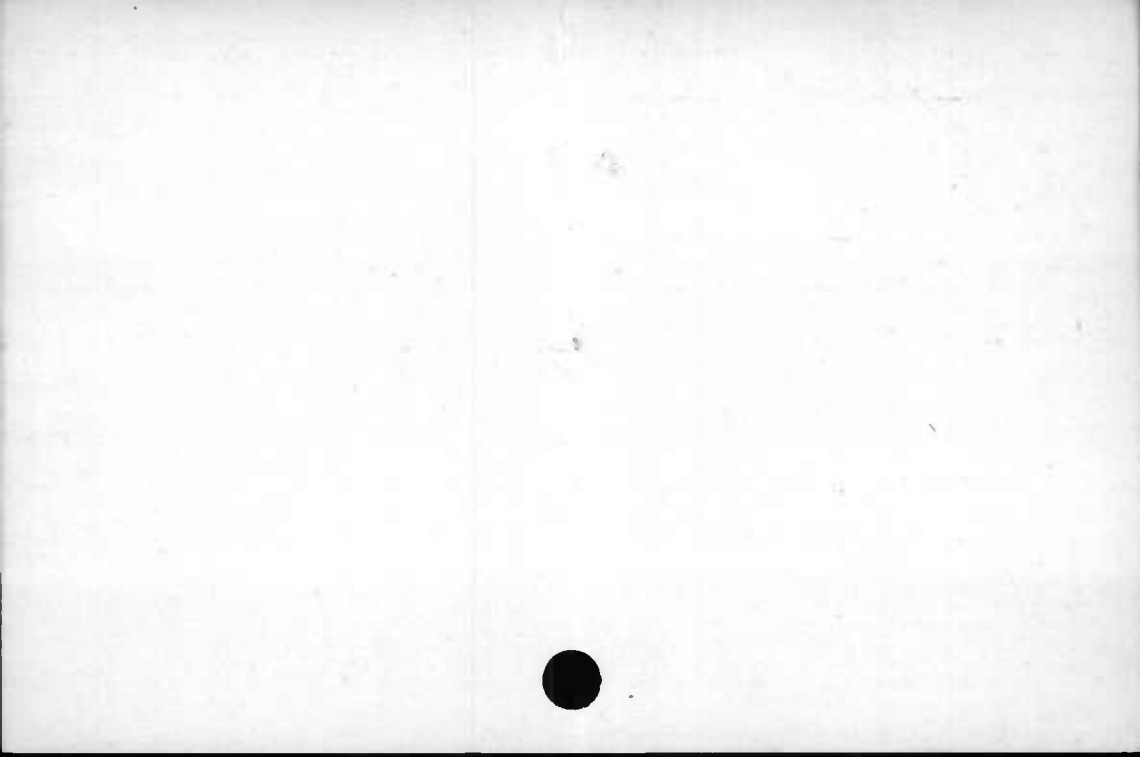
Name in Full		Mrs Wm. P. Bull or Ruth D. Bull				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Layhill				Montgomery		
	Date of death		190	Month	Day	Years	Months
	8		13	98	3	14	
	Sex		Female		Color or Race		white
	Birth-place		Sandy Spring				
	Occupation		House wife		Where Residing if not at place of death		Lay Hill
Married, Single or Widowed		Single		Name of Wife or Husband		W. P. Bull	
Father's Name		Joe Davis		Father's Birthplace		Montgomery Co.	
Mother's Maiden Name		Mary Sherr		Mother's Birthplace		Montgomery Co.	
Name of person giving information		Florence Watson		How related to deceased		Sister	

CAUSES OF DEATH

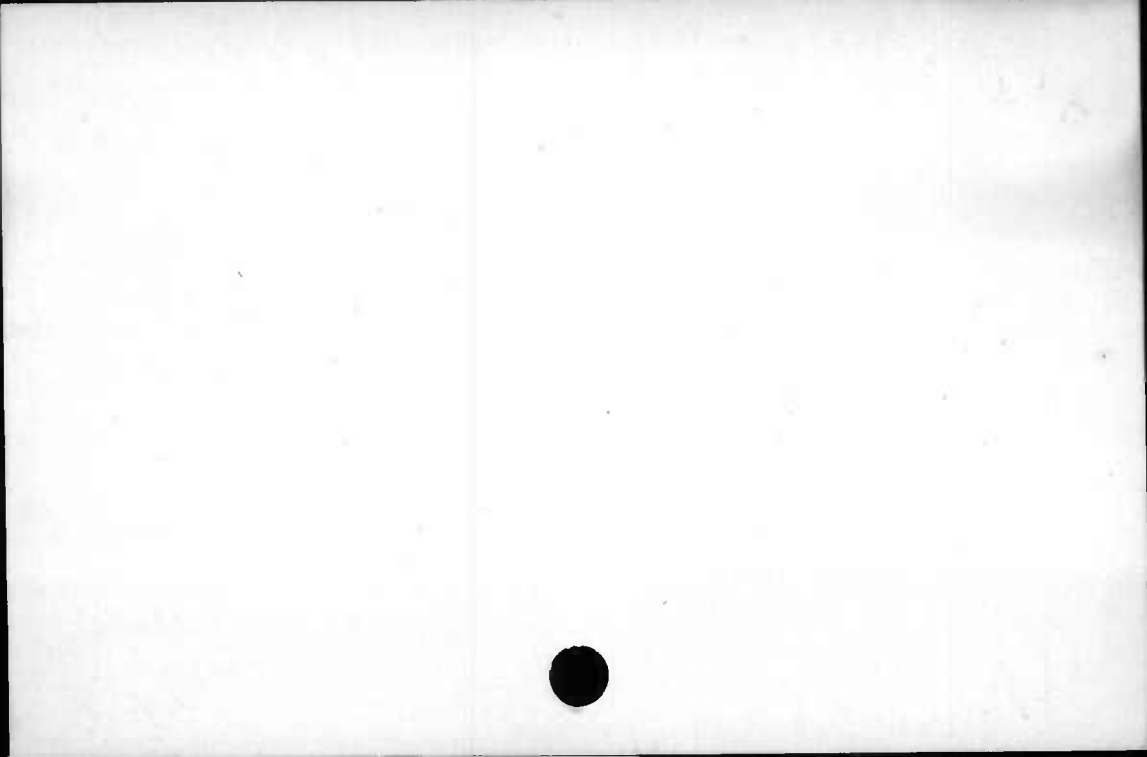
PHYSICIAN OR CORONER	Primary		Paralysis		How long	2 weeks
	Immediate		same		How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
					Address	
				Roger Brubaker		
				Sandy Spring		
Accident or Suicide?						



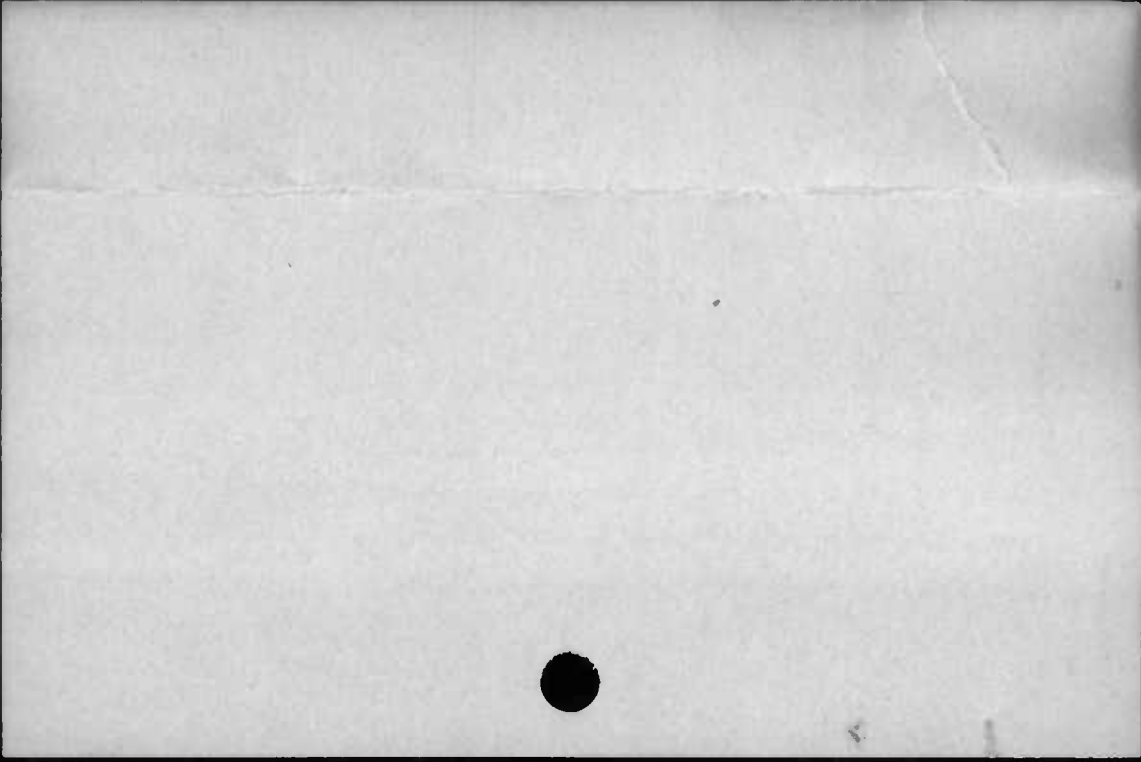
Name in Full		Ann V. Blundon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Garnett Park</i>		Town <i>Montgomery</i>		County		MARYLAND
	Date of death	<i>1906</i>	Month <i>June</i>	Day <i>13</i>	Age	Years <i>80</i>	Months <i>7</i> Days <i>19</i>
	Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place <i>D.C.</i>
	Occupation	<i>House-wife</i>			Where Residing if not at place of death <i>✓</i>		
	Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>J. A. Blundon</i>		
	Father's Name	<i>John Wilson</i>				Father's Birthplace	<i>D.C.</i>
	Mother's Maiden Name					Mother's Birthplace	<i>D.C.</i>
Name of person giving information	<i>Martha Neulican</i>				How related to deceased	<i>Daughter</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Senility</i>				How long	<i>✓</i>
	Immediate	<i>Paralysis</i>				How long	<i>2 months</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician	<i>John L. Lewis M.D.</i>	
					Address	<i>Bethesda, Md.</i>	
	Accident or Suicide?		<i>no</i>				



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Tampa Park</i> County <i>Montgomery</i>		State <i>MARYLAND</i>			
		Date of death 19 <i>06</i>	Month <i>June</i>	Day <i>12</i>	Age <i>70</i>	Months <i>9</i>	Days <i>—</i>
		Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Ind</i>			
		Occupation <i>Nurse</i>	Where Residing if not at place of death <i>Same</i>				
		Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Richard Brown</i>				
		Father's Name <i>Alto Bell</i>	Father's Birthplace <i>Ind</i>				
		Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
		Name of person giving information <i>Rev. A. Brown</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Acute Indigestion</i>		How long <i>One hour</i>			
		Immediate <i>Analysis of the heart</i>		How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Eugene Jones</i>			
				Address <i>Washington Ind.</i>			
		Accident or Suicide? <i>No</i>					



Name in Full		Ester Pauline Burriss				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Norbeck		Montgomery		MARYLAND	
	Date of death	1906	June	21st	Age	Three	Months
	Sex	Female		Color or Race	The white		Birthplace
	Occupation			Where Residing if not at place of death		Montg. Co. Md.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Charles Burriss				Father's Birthplace	Montg. Co. Md.
PHYSICIAN OR CORONER	Mother's Maiden Name	Hannah Houser				Mother's Birthplace	Montg. Co. Md.
	Name of person giving information	The ^{Wm} Harrison Bought				How related to deceased	Uncle
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Malaria				How long	Three months
	Immediate	Asthenia				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Chas. Farguhar,
						Address	Obey, Md.
	Accident or Suicide?						



Name
in
Full

Estella Daphney

CERTIFICATE OF DEATH

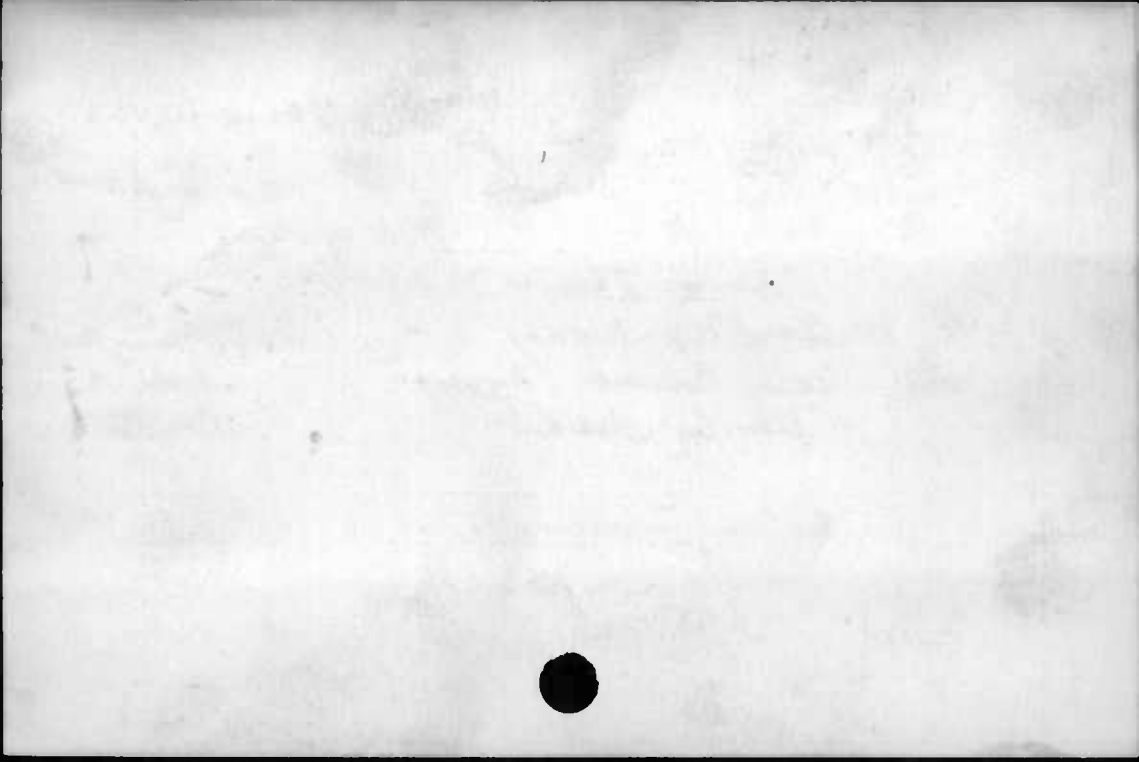
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockville</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>June</u> <small>Day</small> <u>20</u>		Age <u>10</u> <small>Years</small>		<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Poolesville</u>	
Occupation <u>—</u>		Where Residing If not at place of death <u>Rockville</u>			
Married , Single <u>or Widowed</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>William Daphney</u>		Father's Birthplace <u>Hunting Hill</u>			
Mother's Maiden Name <u>Bessie Daphney</u>		Mother's Birthplace <u>Poolesville</u>			
Name of person giving information <u>Lloyd M^r Elroy</u>		How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Surgical operation in hospital</u>	How long	
Immediate	<u>Peritonitis & exhaustion</u>	How long	<u>30 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C. H. Mannat</u>	
		Address <u>Rockville</u>	
		<u>Md</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

William Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Halpine</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	Month <u>June</u>	Day <u>1</u>	Age <u>29</u> ^{Years}	Months	Days
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland (Mont. Co.)</u>		
Married, Single <u>Married</u>	Occupation <u>Well driller</u>				
Name of Wife or <u>Husband</u> <u>Agness Thrift Fisher</u>					
Father's Name <u>Willard C. Fisher</u>			Father's Birthplace <u>Mont. Co. Maryland</u>		
Mother's Maiden Name <u>Mary Boswell (Fisher)</u>			Mother's Birthplace <u>do</u>		
Name of person giving information <u>Stanley Fisher</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis Laryngitis</u>	How long	<u>8-9 months</u>
Immediate	<u>Syncope</u>	How long	<u>Thus</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>George E. Lewis, M.D.</u>	
		Address <u>Rockville, Md.</u>	
Accident or Suicide? <u>_____</u>			



Name
in
Full

Frank M. Fraley

CERTIFICATE OF DEATH

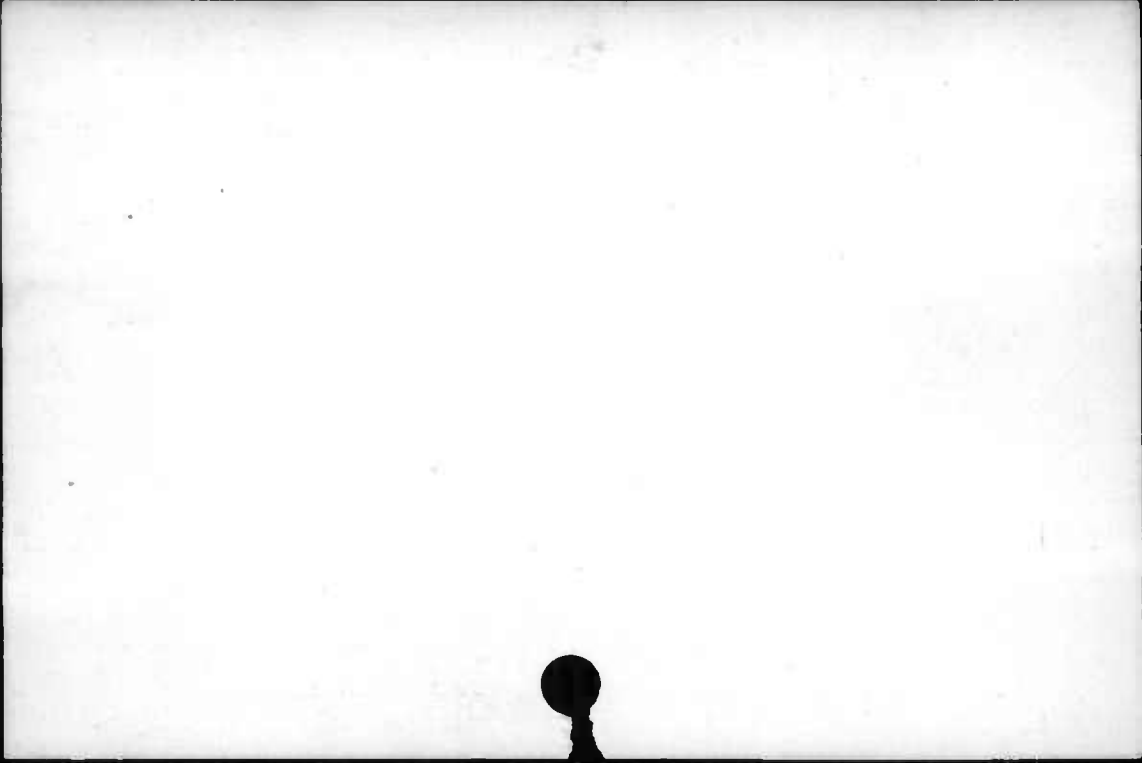
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>June Redland</i> ^{Town}		<input checked="" type="checkbox"/> <i>Monsiegn</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>6</i>	Day <i>20</i>	Age <i>68</i> ^{Years}	Months <i>4</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>9 mos</i>
Immediate <i>Uremic Poisoning</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J M. Luchman</i>
	Address <i>Rockville Ind</i>
Accident or Suicide?	



Name
in
Full

Fannie Lucile Gates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lay Hill</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Date of death	1906	Month <i>June</i>	Day <i>16</i>	Age <i>7</i>	Months <i>4</i> Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Theodore Gates</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Emma Gates</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Emma Gates</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Meningitis</i>	How long <i>4 days</i>
Immediate	<i>Acute Meningitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Caesar Jones</i>	
	Address <i>Keating Ave</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

Carnie Gibson

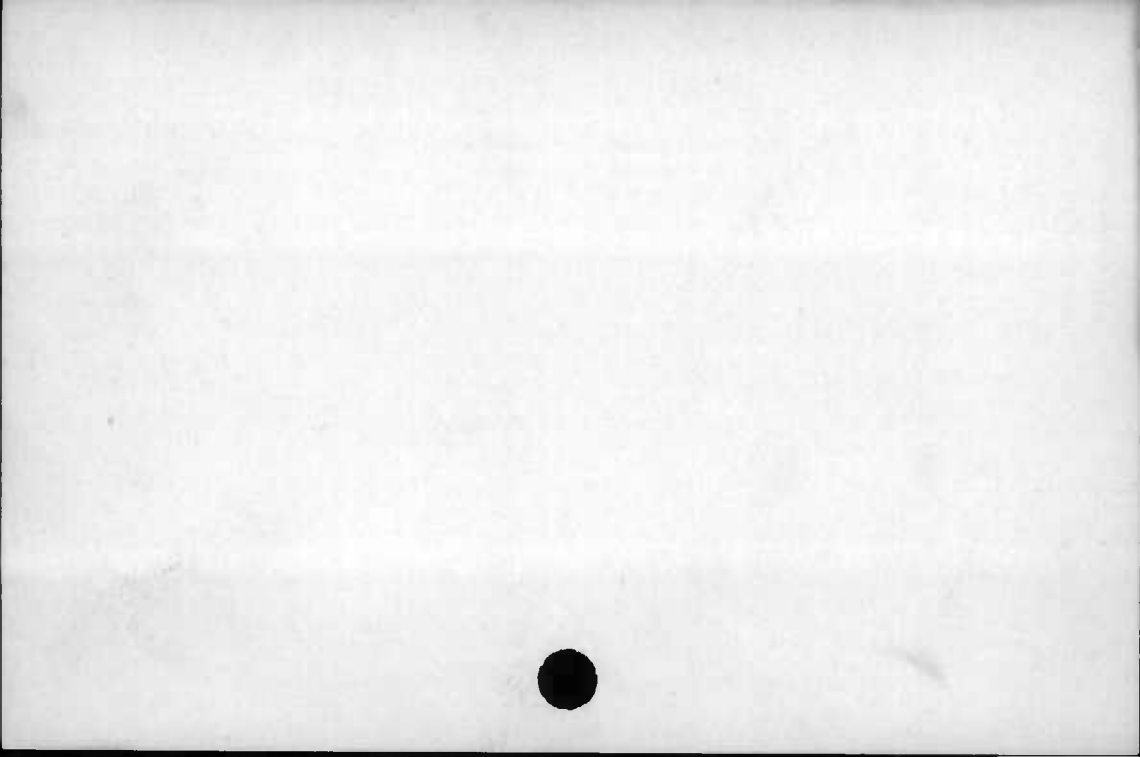
CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

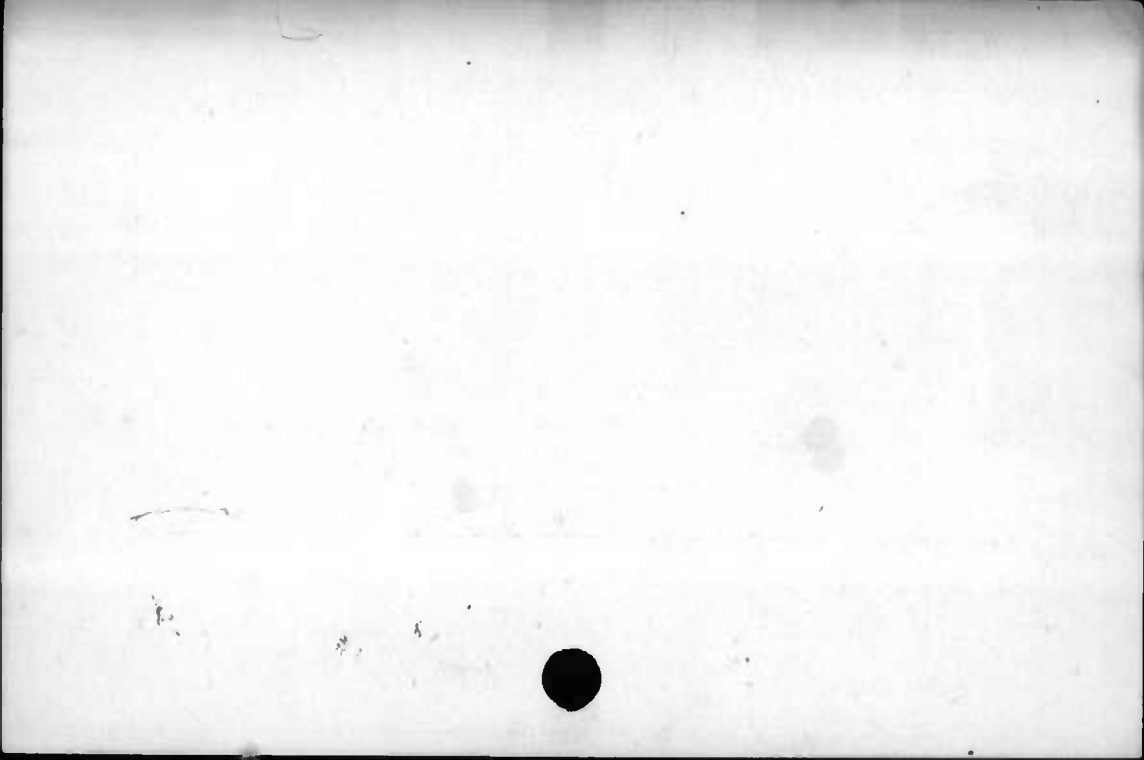
Died at <i>Forest Glen</i> ^{Town}		<i>Maryland</i> ^{County} <i>Md.</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>June</i>	Day <i>4</i>	Age <i>78</i> ^{Years}	<i>2</i> ^{Months}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Franfeld, Ma</i>		
Occupation			Where Residing if not at place of death <i>Forest Glen Md</i>		
Married, Single or Widowed <i>None</i>		Name of Wife or Husband <i>Moses S. Gibson</i>			
Father's Name <i>Moses S. Gibson</i>		Father's Birthplace <i>N. Y.</i>			
Mother's Maiden Name <i>Temprance Nye</i>		Mother's Birthplace <i>Maine</i>			
Name of person giving information <i>Mary F. Chibley</i>		How related to deceased <i>Daughter</i>			
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

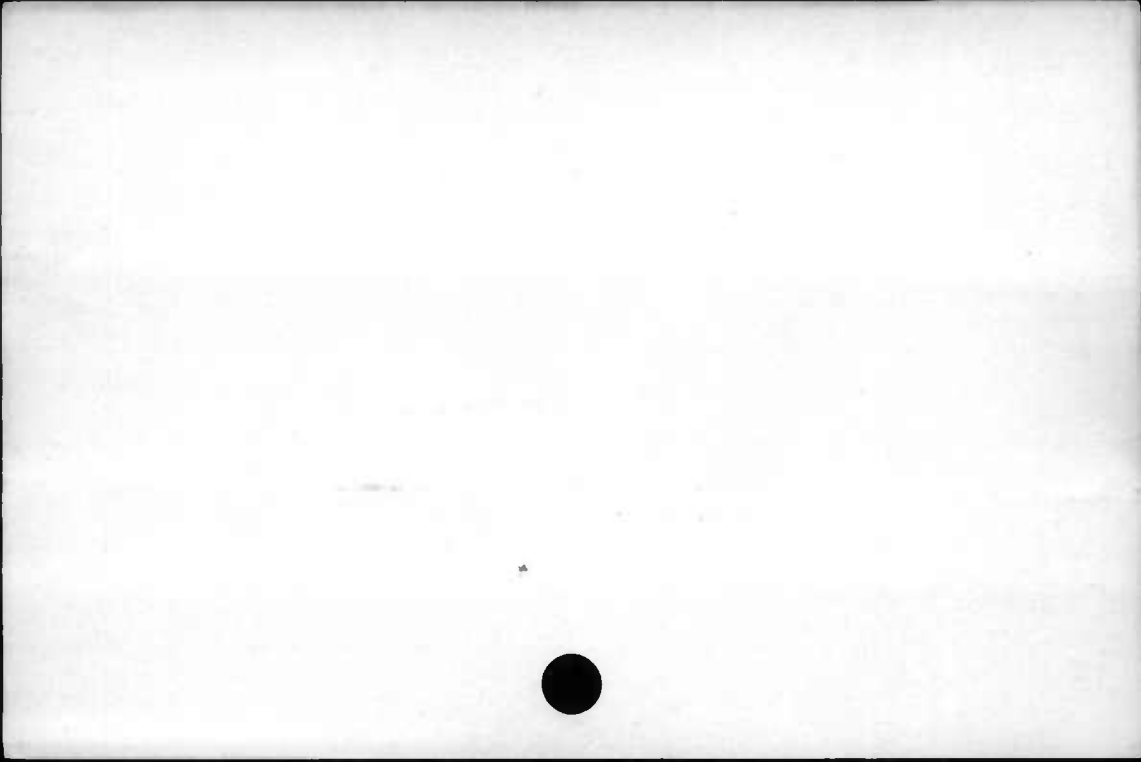
Primary <i>Chronic Interstitial Nephritis</i>	How long <i>several years.</i>
Immediate <i>Cerebral Congestion</i>	How long <i>two weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>E. H. Wright</i>
	Address <i>Forest Glen</i>
	<i>Maryland.</i>
Accident or Suicide?	



Name in Full		lelarnice Grantlin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Washington Grove</i>		Town <i>Montg.</i>		County		MARYLAND
	Date of death <i>1906 June 19</i>	Month	Day	Years	Months	Days	
	Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Washington D.C.</i>			
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>John Grantlin</i>		Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Lillie Emms</i>		Mother's Birthplace <i>md.</i>					
Name of person giving information <i>Wesley Emms</i>		How related to deceased <i>Grandfather</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Broncho pneumonia</i>		How long <i>6 weeks</i>		<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="font-size: 2em; font-weight: bold;">92</div> </div>		
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. B. Huddox</i>		Address <i>Gaithersburg Md</i>		
	Accident or Suicide?		<div style="background-color: black; width: 40px; height: 40px; border-radius: 50%; display: flex; align-items: center; justify-content: center;">  </div>				



Name in Full		Lorenzo Gue						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Damascus ^{Town}			Montgomery ^{County}			MARYLAND		
	Date of death	1906	June	11	Age	64	Months	—	Days	—
	Sex	Male			Color or Race	White		Birth-place	Maryland	
	Married, Single or Widowed	Widower			Occupation Farmer					
	Name of Wife or Husband	?								
	Father's Name	Washington Gue						Father's Birthplace	Md	
	Mother's Maiden Name	Aminie Brudette						Mother's Birthplace	Md	
Name of person giving Information	Jacob Tager						How related to deceased	Brother-in-law		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">120</div>										
PHYSICIAN OR CORONER	Primary	Heart and Bright disease						How long	1 year	
	Immediate	Heart failure						How long	one day	
	Are the name, age, sex, color, date and place correctly given above?	Yes						Signature of Physician	P. S. Lardale	
	Accident or Suicide?							Address	J. Damascus Md.	



Name
in
Full

Geo. Hammond

CERTIFICATE OF DEATH

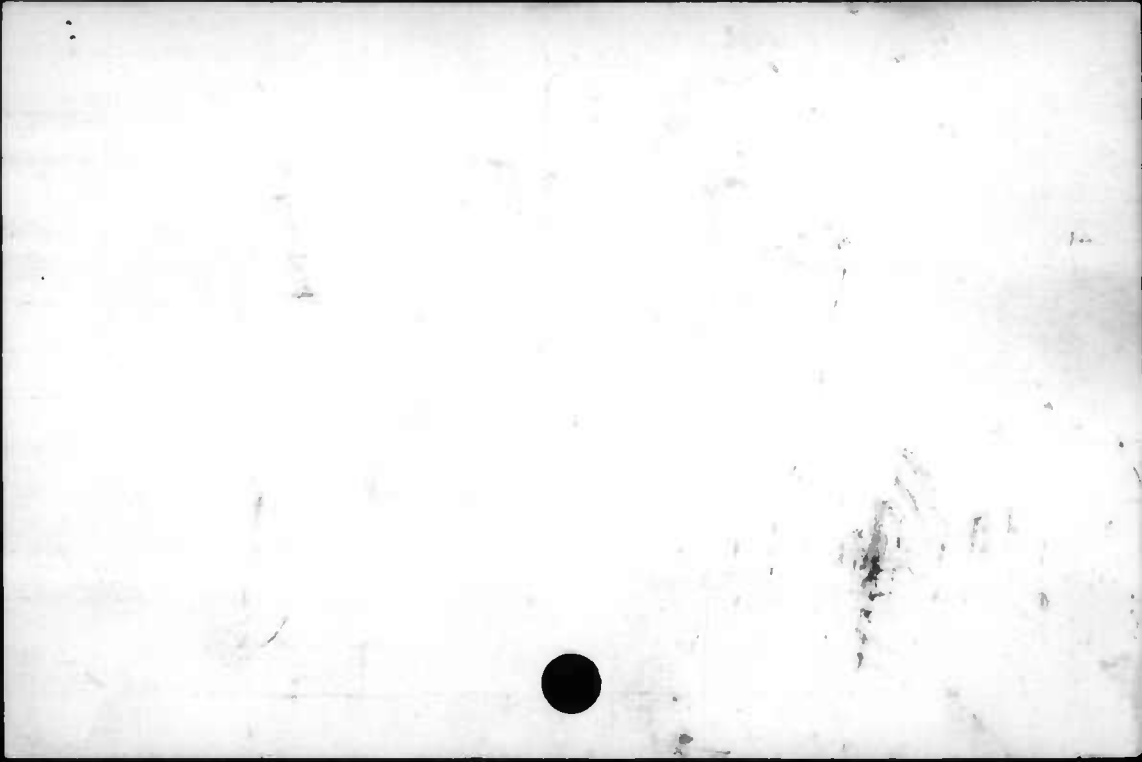
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Roadville</u> ^{Town}		<u>Meigs</u> ^{County}		MARYLAND	
Date of death 190	<u>6</u> ^{Month}	<u>30</u> ^{Day}	Age <u>19</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Mea</u>		
Married, Single or Widowed <u>Single</u>			Occupation		
Name of Wife or Husband <u>X</u>					
Father's Name <u>Wm Hammond</u>			Father's Birthplace <u>Mea</u>		
Mother's Maiden Name <u>Maggie Satterly</u>			Mother's Birthplace <u>Mea</u>		
Name of person giving information <u>Roadville</u>			How related to deceased <u>X</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of Lungs</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. Lathin</u>
<u>X</u>	Address <u>Roadville Mea</u>
Accident or Suicide?	



Name
in
Full

John Hardisty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

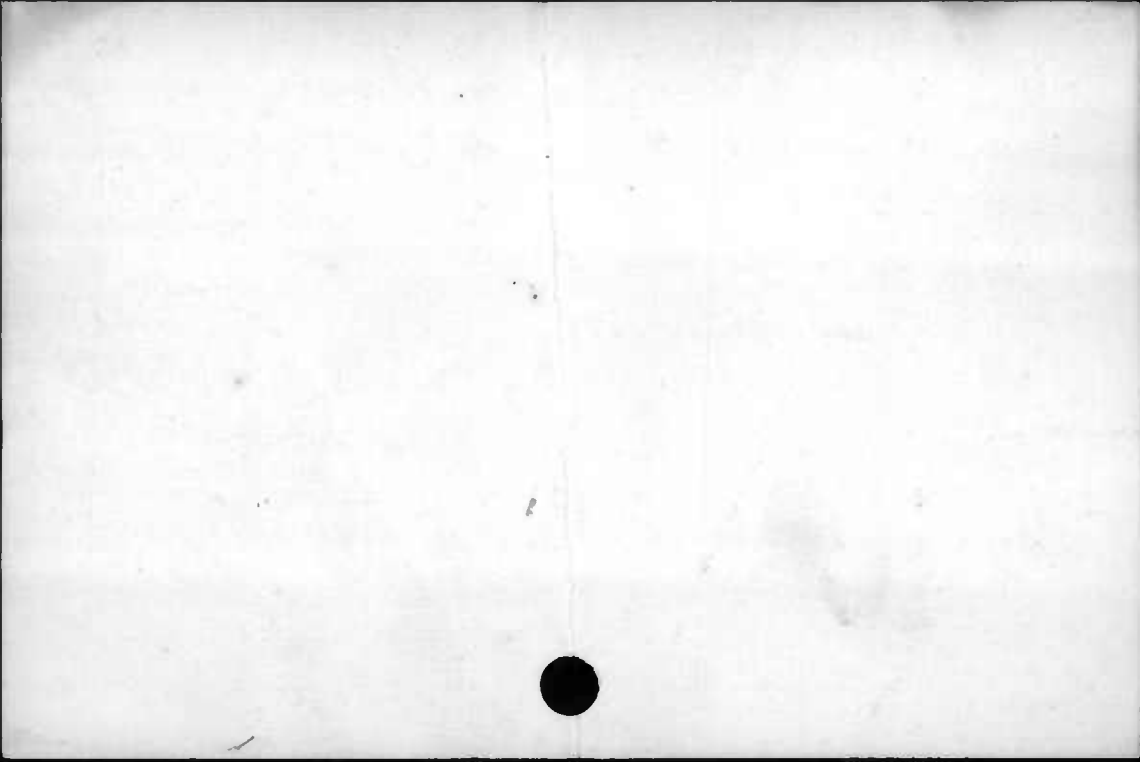
Died at <i>Bunk Mills</i> ^{Town}		<i>Montg</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>June</i>	Day <i>4</i>	Age <i>48</i>	Months <i>6</i> Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Catharine Lindsey</i>				
Father's Name <i>Tom Hardisty</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Elizabeth</i>	Mother's Birthplace				
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Apoplexy</i>	How long <i>3 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. J. Brown</i>
<i>Yes</i>	Address <i>Belton Spring</i>
Accident or Suicide?	

(64)



Name
in
Full

Brice Burley Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Unity ^{County} Montgomery ^{State} MARYLAND

Date of death 1906 June 6th Age 72

Sex Male Color or Race Colored Birth-place Brighton

Occupation Farmer Where Residing if not at place of death Unity

Married, Single or Widowed single Name of Wife or Husband

Father's Name John Howard Fether's Birthplace Brighton

Mother's Maiden Name Mary Hackett Mother's Birthplace Brighton

Name of person giving information Jno. H. Howard How related to deceased Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer of Stomach (40) How long 6 months

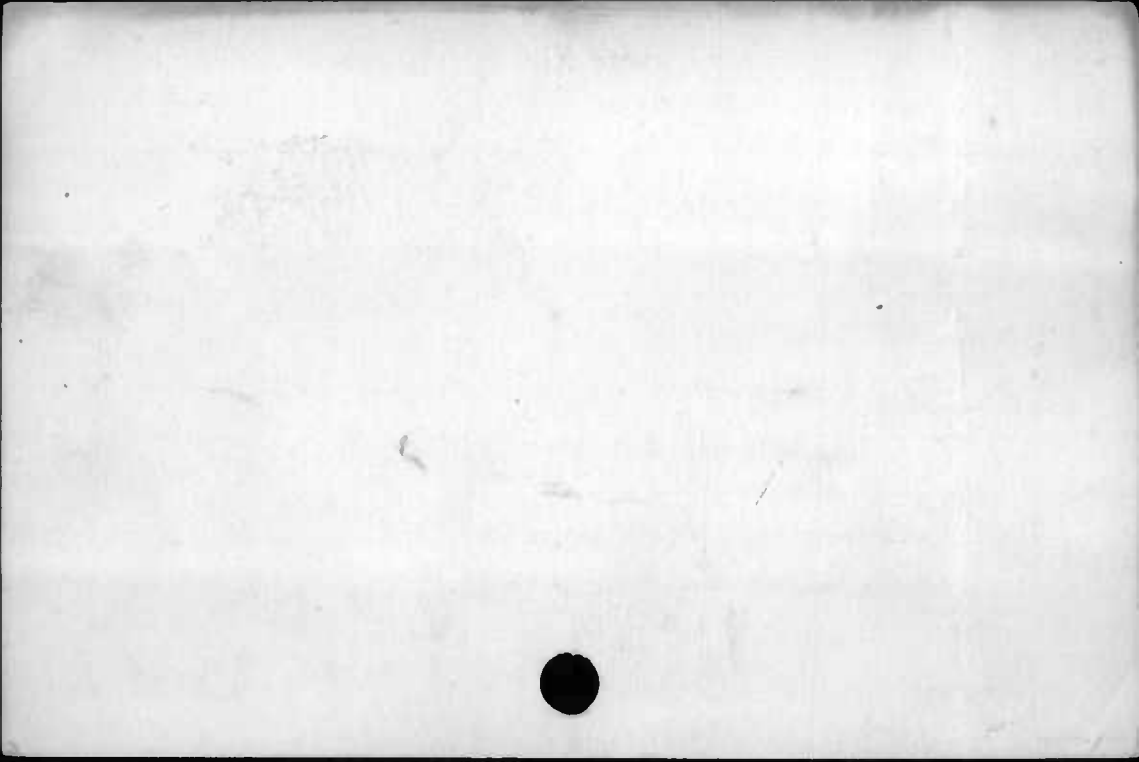
Immediate Inanition How long 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. G. Skinner

Address Unity, Md

Accident or Suicide?



Name
in
Full

Jane Matilda Hutchinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leoluwice</i>			Town <i>Montg</i>		County		MARYLAND	
Date of death	1906	Month	June	Day	28	Age	Years	75
Sex		Female		Color or Race		White		Months
Occupation		Housewife		Where Residing if not at place of death		Birth-place		0
Married, Single or Widowed		Married		Name of Wife or Husband		John Hutchinson		Days
Father's Name		Jas Fling		Father's Birthplace		Md.		0
Mother's Maiden Name		Deborah Lemon		Mother's Birthplace		England		
Name of person giving information		Jas Hutchinson		How related to deceased		Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Stomach</i>	How long	<i>1 yr.</i>
Immediate	<i>Syncope</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. Brown</i>
Accident or Suicide?		Address	<i>Silver Spring Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

Charles A. McPherson

Town

County

MARYLAND

Died at

near Rockville

Montgomery

Date

of death

1906

Month

6

Day

14

Age

Years

Months

5

Days

18

Sex

Male

Color or
Race

Colored

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles McPherson

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Lee

Mother's
Birthplace

D.C.

Name of person giving
Information

Mary McPherson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis

How long

Five months

Immediate

Meningitis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

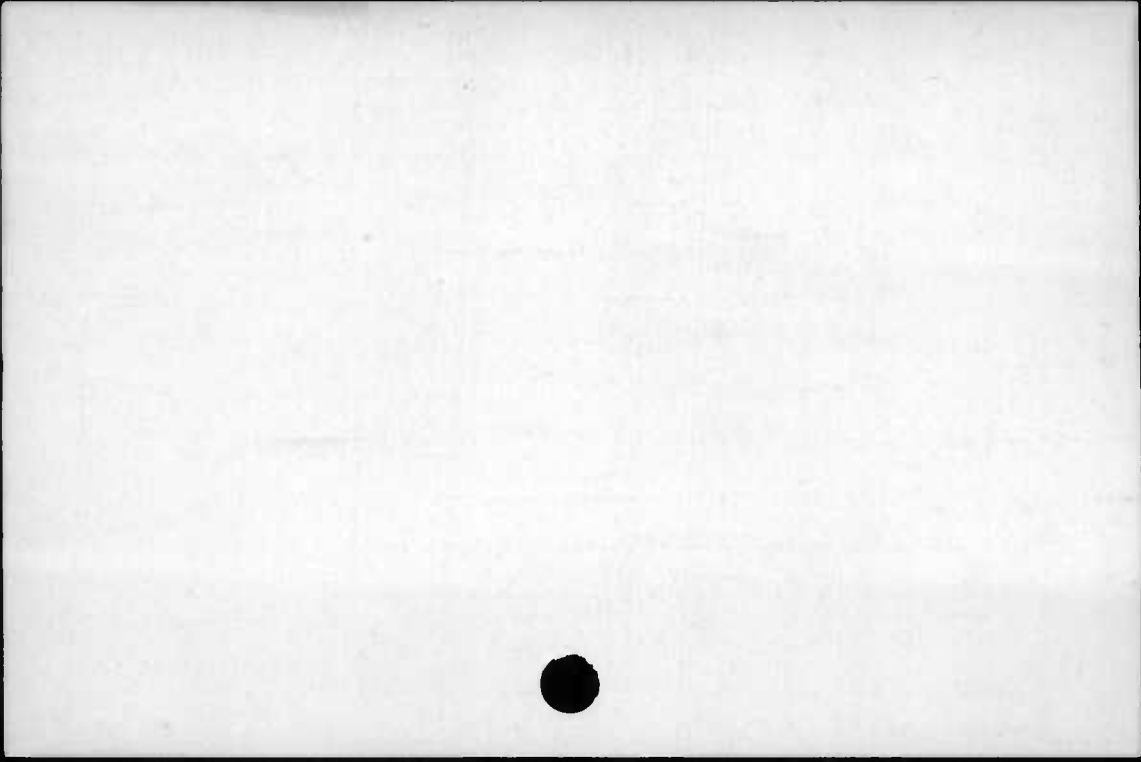
Edward Anderson M.D.

Address

Rockville, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Harry G Mathis		Town Washington Grove		County Mont		State MARYLAND	
Died at Washington Grove		Month 6		Day 11		Years 35	
Date of death 1906		Month 6		Day 11		Months 6	
Sex Male		Color or Race White		Birth-place DC		Days 19	
Occupation Machinist		Where Residing if not at place of death Washington DC					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name William Mathis		Father's Birthplace MD					
Mother's Maiden Name Louise Dwyer		Mother's Birthplace					
Name of person giving information Mrs Wm Hill		How related to deceased Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long 5 months
Immediate -	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician H. B. Hadcox
	Address Sanctuary
Accident or Suicide?	no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kearney</i> <small>Town</small> <i>Montgomery</i> <small>County</small> <i>MARYLAND</i>	
Date of death <i>1906</i> <small>Month</small> <i>June</i> <small>Day</small> <i>14</i> <small>Years</small> <i>47</i> <small>Days</small> <i>10</i>	Age <i>47</i>
Sex <i>Male</i>	Color or Race <i>White</i>
Occupation <i>None</i>	Where Residing if not at place of death <i>Same</i>
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband
Father's Name <i>Stanley J. Miller</i>	Father's Birthplace <i>D.C.</i>
Mother's Maiden Name <i>Elizabeth Seddes</i>	Mother's Birthplace <i>D.C.</i>
Name of person giving information <i>S. J. Miller</i>	How related to deceased <i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Suppurative Spinal Bifida</i>	How long <i>4 weeks</i>
Immediate <i>Meningitis</i>	How long <i>8 1/2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles Jones</i>
Address <i>Kearney</i>	
Accident or Suicide? <i>No</i>	



Name
in
Full

James Hutt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Rockville</i> ^{Town}		<i>Montgomery</i> ^{County}			
Date of death 190 <i>6</i>	Month <i>June</i>	Day <i>6</i>	Age <i>76</i>	Months <i>6</i>	Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

(20)

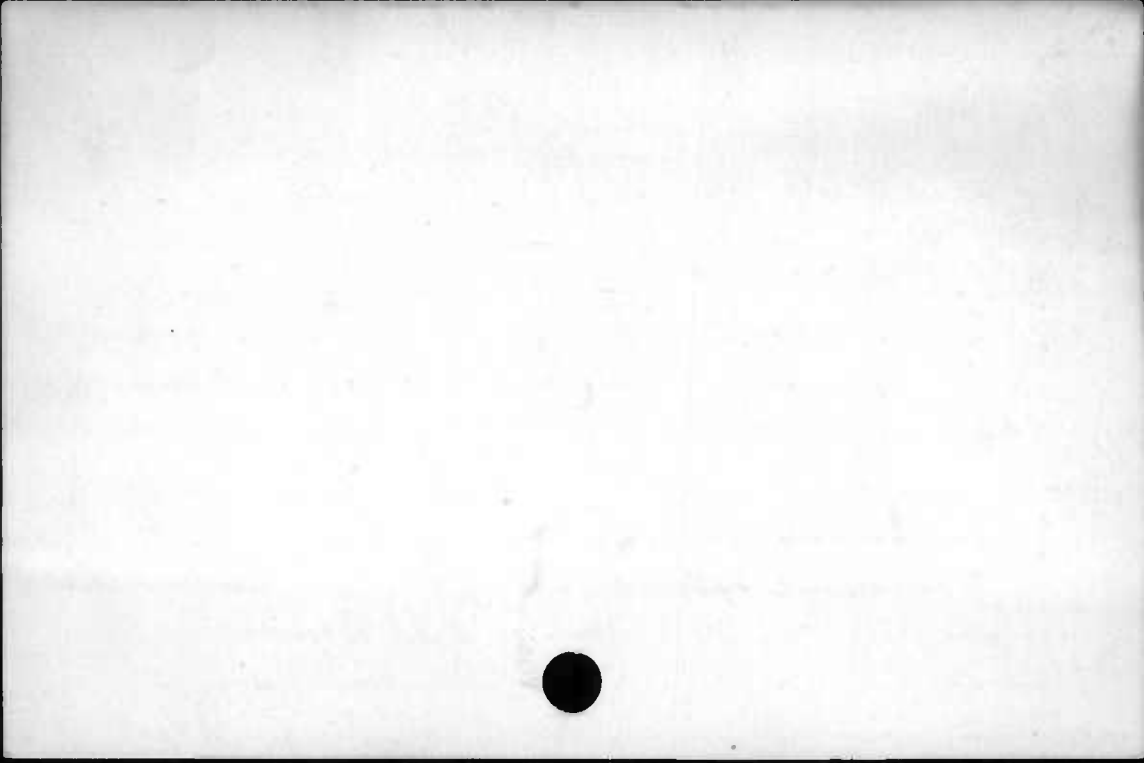
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Parenchymatous Nephritis</i>	How long <i>1 year</i>
<i>with complications</i>	How long <i>3 days</i>
Immediate <i>Exhaustion Heart failure</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>George E. Lewis, M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name in Full		Town				County				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Rockville</i>				<i>Montgomery</i>				MARYLAND			
		Date of death <i>1906</i>		Month <i>6</i>	Day <i>26</i>	Age <i>44</i>	Years <i>6</i>	Months <i>30</i>	Days				
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>							
		Occupation <i>Housewife</i>				Where Residing if not at place of death <i>—</i>							
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alonzo Pool</i>									
		Father's Name <i>D. Mortimer Dixie</i>				Father's Birthplace <i>England</i>							
		Mother's Maiden Name <i>Susan A. Birket</i>				Mother's Birthplace <i>Virginia</i>							
		Name of person giving information <i>Arthur C. Pool</i>				(79)		How related to deceased <i>Son</i>					
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary <i>Valvular disease of the heart</i>				How long <i>Five years</i>							
		Immediate <i>Exhaustion</i>				How long <i>One week</i>							
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Edward Anderson M.D.</i>							
						Address <i>Rockville, Md.</i>							
		Accident or Suicide?											



Name
in
Full

Mary Matilda Pope

CERTIFICATE OF DEATH

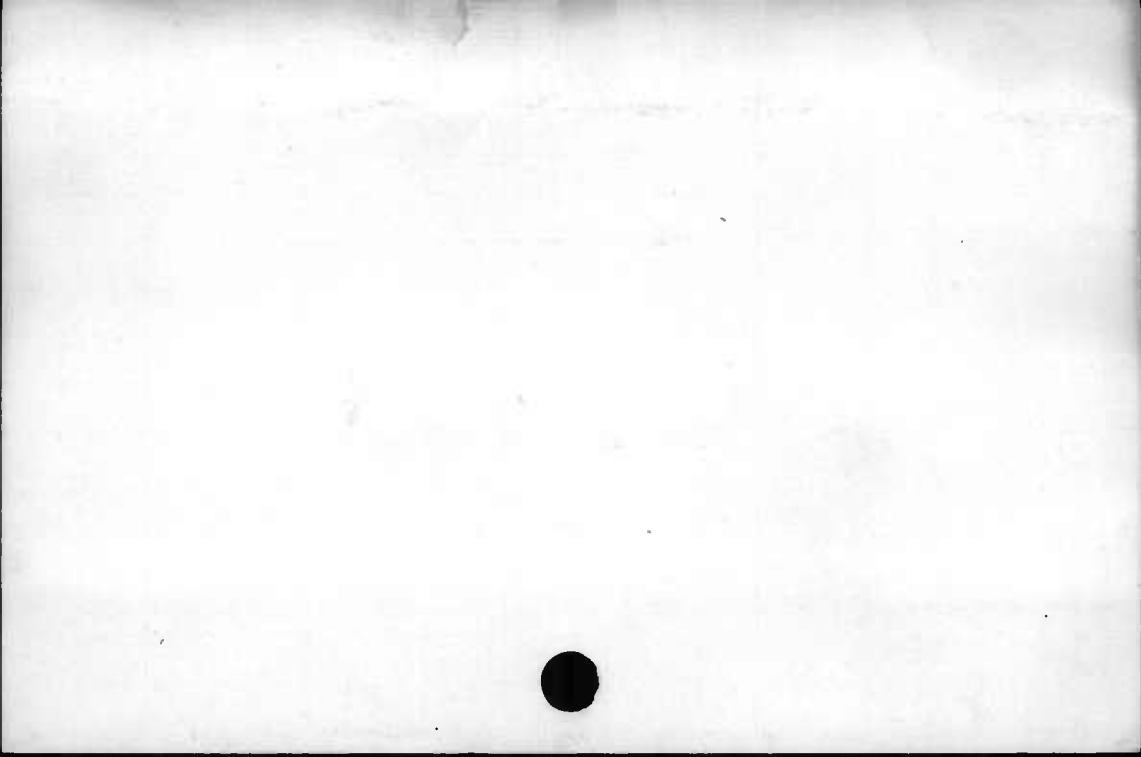
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laytonville</u>		Town <u>Montgomery</u>		County		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>18</u>	Age	Years	Months <u>8</u>	Days <u>10</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Montgomery Co</u>				
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>				
Father's Name <u>Thomas H Pope</u>			Father's Birthplace <u>Montgomery Co</u>				
Mother's Maiden Name <u>Annie V Stevens</u>			Mother's Birthplace <u>Fredricks</u>				
Name of person giving information <u>Thomas H Pope</u>			How related to deceased <u>Pastor</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Duarrition</u>	How long <u>8 months</u>
Immediate <u>General exhaustion</u>	How long <u>Several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J H Dyson</u>
	Address <u>Laytonville</u>
Accident or Suicide?	<u>Ind</u>



Name
in
Full

Charles Scott

CERTIFICATE OF DEATH

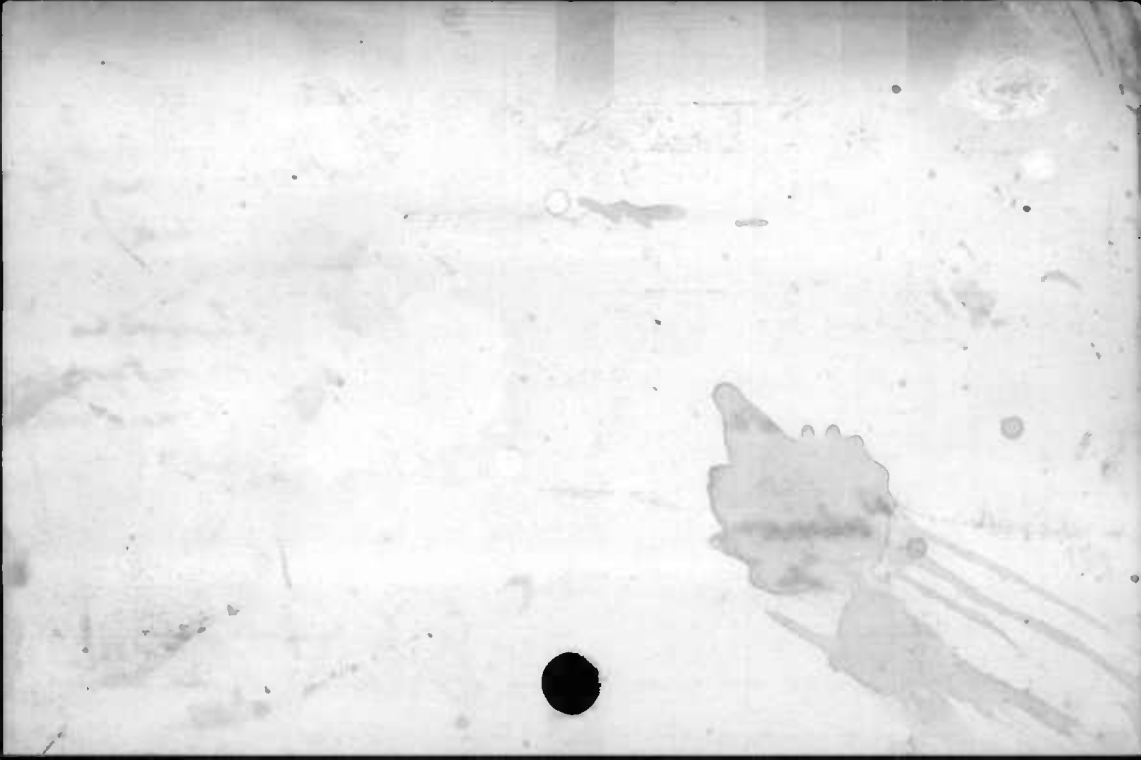
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Rockville</i>			^{County} <i>Montgomery</i>			MARYLAND		
Date of death 190	Month <i>June</i>	Day <i>24</i>	Age	Years <i>34</i>	Months	Days		
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Montgomery Co</i>				
Occupation <i>Waiter</i>			Where Residing if not at place of death <i>Philadelphia</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Mary Scott</i>						
Father's Name <i>Sam Scott</i>				Father's Birthplace <i>Carroll Co</i>				
Mother's Maiden Name <i>Susan Scott</i>				Mother's Birthplace <i>Montgomery Co</i>				
Name of person giving information <i>Priscilla Tyler</i>				How related to deceased <i>Grandmother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>For 6 mos</i>
Immediate	<i>By Transfusion</i>	How long	<i>About 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. Mannat</i>	
<i>Yes</i>		Address <i>Rockville Md</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

James R Steward

Town

Gaithersburg

County

Montgomery

MARYLAND

Date

of death 1906

Month

June

Day

21

Years

45

Age

Months

0

Days

0

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of death

Gaithersburg

Married, Single
or Widowed

Married

Name of Wife or
Husband

Annie Sidons

Father's
Name

James Steward

Father's
Birthplace

Md

Mother's
Maiden Name

Eliza Story

Mother's
Birthplace

Md

Name of person giving
In formation

Charles Steward

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Cerebral Abscess (14)

How long

2 months

Immediate

"

"

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E. B. Elphinstone
GaithersburgPHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Eva Fasker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Spring</i>		Town <i>Sandy Spring</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>12</i>	Years <i>One year</i>	Months <i>—</i>	Days <i>—</i>		
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Blifton Hill</i>				Father's Birthplace <i>Montg. Co. Md.</i>			
Mother's Maiden Name <i>Gertrude Fasker</i>				Mother's Birthplace <i>Montg. Co. Md.</i>			
Name of person giving information <i>Chas. Edward Thomas</i>				How related to deceased <i>No kin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>5 months</i>
Immediate <i>Dropsy - Supposed no doctor</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Fargue, M.D.</i>
	Address <i>Olney, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Douglas L. Judd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Kennington</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Date of death		Month <i>June</i>	Day <i>17</i>	Age <i>24</i>	Years <i>04</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Stationer</i>		Birth-place <i>State</i>				
Occupation <i>Farmer on RR</i>		Where Residing if not at place of death <i>Nash, R.C.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>State</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>State</i>			
Name of person giving information <i>James Cooper on long train</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Full train morning freight train</i>		How long <i>Instantaneous</i>
Immediate	<i>Head and right arm struck</i>		
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>James Cooper</i>
		Address <i>Kennington Md</i>	
Accident or Suicide?		<i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

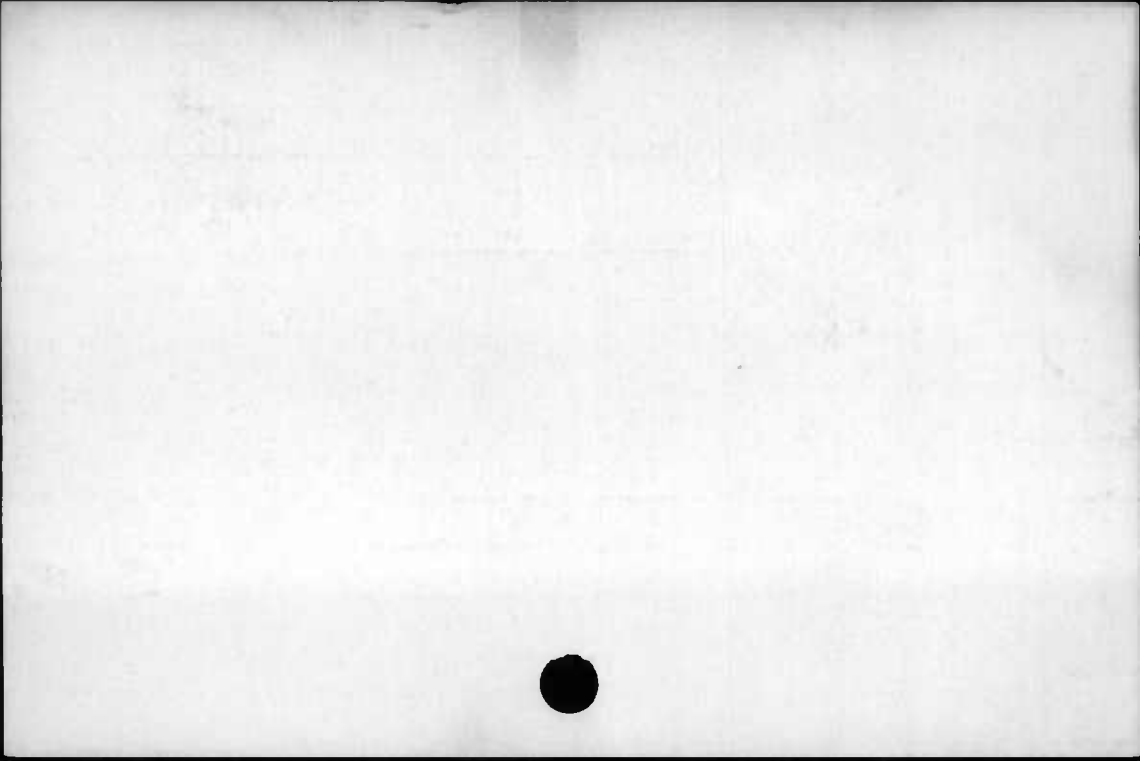
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>6</i>		Day <i>30</i>		Age <i>54</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Proven Williams</i>		Father's Birthplace <i>D. C.</i>					
Mother's Maiden Name <i>Emma Wallace</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Emma Williams</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>Five years</i>
Immediate	<i>Uremic Convulsions + coma</i>	How long	<i>Eight hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>	
		Address <i>Rockville, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

How long

How long

